



STATE OF TENNESSEE  
**TENNESSEE MOTOR VEHICLE COMMISSION**  
500 JAMES ROBERTSON PARKWAY - 2ND FLOOR  
NASHVILLE, TENNESSEE 37243-1153  
PHONE 615-741-2711  
FAX NO. 615-741-0651

File No. \_\_\_\_\_  
Xact No. \_\_\_\_\_  
Action: \_\_\_\_\_  
**For Office Use Only**

**Check type(s) of Application:**

- ☐ NEW RECREATIONAL VEHICLES  
(Includes right to sell used R.V.'s at same location)
- ☐ FRANCHISE MOTOR VEHICLE DEALER  
(Includes right to sell used cars and trucks at same location)
- ☐ FRANCHISE MOTORCYCLE DEALER  
(Includes right to sell used motorcycles at same location)
- ☐ ADDITIONAL LINE-MAKE
- ☐ RELOCATION APPLICATION
- ☐ USED MOTOR VEHICLE DEALER

Application is hereby made for motor vehicle dealer license to engage in the business of selling motor vehicles in the state of Tennessee in compliance with the provisions of Tennessee Code Annotated 55-17, et seq.

**Print in black ink or type** requested information.

1. Firm Name \_\_\_\_\_ (\_\_\_\_\_)  
(Full name of Entity to be licensed)(Use line below, if necessary) (Area Code & Phone No.)  
\_\_\_\_\_  
(Fax No. w/Area Code)

2. (a) Location Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (Zip)

(b) Mailing Address (if different, the mailing address must be in the same county)

\_\_\_\_\_  
(P. O. Box or Street)  
\_\_\_\_\_  
(City) (County) (Zip)

3. If a Franchise Dealer or New Recreational Vehicle Dealer, each line-make is required to be licensed. List each line-make and names of manufacturers/distributors with whom you have a bona fide contract, sales and service agreement, or franchise for the retail sale of each of the makes of vehicles. Attach a copy of the manufacturer's franchise letter awarding each line-make.

Line-make

Name of  
Manufacturer/Distributor

1. \_\_\_\_\_

2. \_\_\_\_\_

(Line-make continued)

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

4. Physical description of facility must exceed minimum requirements as per attached instruction sheet.

Type of Building: \_\_\_\_\_ (ex. wood, brick, block, etc.); Gross Building Area: \_\_\_\_\_  
(Square Feet); Land Size \_\_\_\_\_ (Square Feet or Acreage)

5. Is the sale of motor vehicles or recreational vehicles the principal business at the location named in this application? \_\_\_\_\_

(Yes or No)

6. Are you engaged in any other business which is conducted from this establishment? \_\_\_\_\_

(Yes or No)

If yes, describe: \_\_\_\_\_

7. Have any of the individuals, partners, or corporate officers named ever been convicted of a felony? \_\_\_\_\_  
(Yes or No)

8. Type of business (circle one); Proprietorship Partnership Corporation LLC LLP

(a) If proprietorship, give name, residential address and telephone number of owner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If partnership, give name and residential address and telephone of each partner and designate managing partner or partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) If corporation:

(1) Domestic (Tennessee) - provide copy of Charter and any amendments:

(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.

(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.

9. Have you ever filed for bankruptcy? If so, when and under what name: \_\_\_\_\_

10. All facilities must be manned and open during reasonable business hours. State what days per week and hours per day this business will be open.

11. Upon facility licensure, it is required that all dealers must license salespersons through this Commission **before** they can engage in the business of selling motor vehicles or recreational vehicles. You are required to return all salespersons' license and identification cards once the salespersons employment is terminated. Salespersons' license is non-transferable. Number of salespersons expected to be employed at start-up. \_\_\_\_\_

12. Do you have on-site facilities to repair and replace functional and non-functional parts of a motor vehicle or recreational vehicles? \_\_\_\_\_

(Yes or No)

13. If no, attach a copy of your executed *Service Agreement*. Form IN-1448 is included with this application packet.

14. Has any application for a motor vehicle dealers or recreational vehicles' license ever been denied, revoked or suspended in this or any other state? \_\_\_\_\_

(Yes or No)

If yes, explain below what precipitated the decision and attach any/all relevant documents.

15. Proof of liability insurance with a minimum coverage of \$60,000 must be provided by a Certificate or Affidavit of Insurance. This insurance must remain in force for as long as the licensee is licensed. **The Tennessee Motor Vehicle Commission must be listed as the certificate holder.**

16. The prospective licensee must furnish a current financial statement with this application. See

memorandum in packet for instruction.

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**I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Authorized Signature)

Title: \_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(Print Authorized Signature)

**Applicant's E-mail  
Address** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

**Mail application, attachments, and fee to the TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, SECOND FLOOR, NASHVILLE, TENNESSEE 37243-1153.**

**CHECK LIST OF ATTACHMENTS TO APPLICATION:**

- |  |  |
|--|--|
| <input type="checkbox"/> 2 Year Surety Bond (Original)                       | <input type="checkbox"/> Copy of Zoning Letter   |
| <input type="checkbox"/> Certificate of Liability Insurance                  | <input type="checkbox"/> Copy of corporate charter, if applicable                                    |
| <input type="checkbox"/> Copy of Stockholders Update, if applicable          | <input type="checkbox"/> Copy (ies) of Financial Disclosure  |
| <input type="checkbox"/> Copy of State Sales Tax Certificate of Registration | <input type="checkbox"/> Copy of Franchise Letter(s) or Agreements                                   |
| <input type="checkbox"/> Copy of County Business Tax License                 | <input type="checkbox"/> Copy of Warranty Rate Form, if applicable                                   |
| <input type="checkbox"/> Copy of City Tax license, if applicable             | <input type="checkbox"/> Financial statement prepared by CPA as per Instruction included with packet |
| <input type="checkbox"/> Copy of signed Service Agreement, if applicable     |  |

